


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90011 034 \*\*\*\*61.25

**DOCUMENT # N14081**  
 1. Entity Name  
**CONGREGATION TORAH OHR, INC.**




Principal Place of Business Mailing Address  
 19146 LYONS RD. BOCA RATON FL 33434  
 19146 LYONS RD. BOCA RATON FL 33434

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

44051067



MOORE CR2E037 (4/04)

4. FEI Number **65-0123385** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JACOBS, DAVID**  
**2031 YARMOUTH B**  
**BOCA RATON FL 33434**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Jacobs* **DAVID JACOBS** **7/27/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ISAACSON, SAM	
STREET ADDRESS	8397 SPRINGLAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLF, AL	
STREET ADDRESS	2024 YARMOUTH B	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOSTMAN, SAM	
STREET ADDRESS	BRIGHTON I 375	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAHN, JACK	
STREET ADDRESS	WOLVERTON C4041	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TENNENBERG, ISADORE	
STREET ADDRESS	1024 YARMOUTH B	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOBS, DAVID	
STREET ADDRESS	2031 YARMOUTH	
CITY-ST-ZIP	BOCA RATON FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *David Jacobs* **DAVID JACOBS** **7/27/04** **561-479-4049**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #